NFIRS 5.0 Self Study Program Apparatus or Resources Module: NFIRS 9

Objectives

After completing the Apparatus/Resources Module you will be able to:

- 1. Describe when the Apparatus/Resources Module is to be used.
- 2. Demonstrate how to complete the Apparatus/ Resources Module and identify appropriate other modules required, given the scenario of a hypothetical incident.

Pre-Test #9 - Apparatus or Resources Module

1.	A Basic Module must be completed if the Apparatus or Resources Module is
	completed.

- (a) True
- (b) False
- 2. The Apparatus or Resources Module is a required NFIRS Module. (Answer B)
 - (a) True
 - (b) False
- 3. Resource counts are not needed on the Basic Module if the Apparatus or Resources Module is used.
 - (a) True
 - (b) False
- 4. When the Personnel Module is used, the Apparatus or Resources Module can also be used to record information and details about apparatus resources.
 - (a) True
 - (b) False
- 5. For paper reporting, all resources can be pre-printed on the form(s) and resources sent to the incident are flagged as being sent.
 - (a) True
 - (b) False

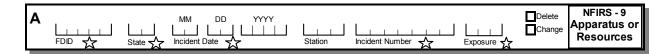
Using the Apparatus/Re source

Using the Apparatus/Resource Module

The Apparatus Module (NFIRS-9) is an optional module that is used to help manage and track apparatus and resources used on incidents. The Personnel Module (NFIRS-10) should be used when details about apparatus and personnel are needed. Resource counts are not needed on the Basic Module (G1) if either Apparatus Module or Personnel Module is used.

Section A

Section A: FDID, State, Incident Date, Station, Incident Number, Exposure



The information in Section A is drawn from Section A of the Basic Module. It can be used to recall the incident from the computer program or to print a hard copy of the incident. In an automated system, some systems may allow you to enter a data element one time and it will automatically fill-in all fields where that information is required. When using hard copies you will have to enter the Section A information for every module.

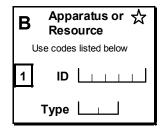
Section B

Section B: Apparatus or Resource, Dates & Times, Sent, Number of People, Use and Actions Taken

B Apparatus or ☆ Resource Use codes listed below	{	Dates and Check if sar		alarm Hours/Mins	Sent	Number of ☆ People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken
1 ID L	Dispatch Arrival Clear] 		J [] J []			Suppression EMS Other	

In Section B you will document all apparatus that were used to control the incident: for paper-reporting, if there were more than nine pieces of apparatus responded to an incident, use additional sheets to record the information about the additional apparatus.

Section B is divided into six blocks. You will fill out all six blocks for each piece of apparatus that you record.



Record information and details about the apparatus and/ or resources used at an incident. This information is useful in determining actual apparatus requirements for different types of incidents and for different levels of incident severity as well as tracking times and actions taken by apparatus or resource type.

Enter the type and identification number of each apparatus or resource used at the incident. If more than nine resources or apparatus were used, complete an additional NFIRS-9 module.

Various types are grouped into the following categories:

- Ground Fire Suppression
- Marine Equipment
- Heavy Ground Equipment
- Support Equipment
- Aircraft
- Medical & Rescue

Please see the codes listed for this data element in the Quick Reference Guide.

Dates and Times

DATES AND TIMES

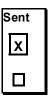
The second block records the dates and times at which the apparatus was used.

	Dates and Times								
	Check if same date as alarm								
	Month Day Year Hours/Mins								
Dispatch									
Arrival									
Clear		J							

Lines are provided to indicate dates and times for Dispatch, Arrival, and Clear. Hours and minutes for all times are recorded in 24-hour time (midnight is 0000).

If the date for any of the times being documented is the same as the alarm date, mark the box indicated.

Sent



SENT

Note: This is for paper reporting only.

It indicates which apparatus was sent on the incident. Fire departments can pre-print or pre-enter apparatus in this module. When an incident occurs, the firefighter completing the module can mark (x) the "Sent" box to indicate which apparatus in the module actually responded.

If the unit was held in quarters, leave the box blank.

Number of People

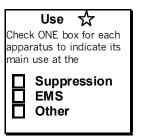
NUMBER OF PEOPLE



The fourth block allows you to record the total number of people responding on the specific piece of apparatus. Just enter the number on the line provided.

Use Use

Record the main use of the apparatus in the fifth block

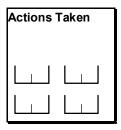


Three choices are offered in this section. Only one box should be marked for each piece of equipment.

Action Taken

ACTIONS TAKEN

The duties performed at the incident scene by the apparatus or resource personnel.



Enter up to four actions taken by the specific piece of apparatus or resource at the scene of the incident reporting from most significant to least significant. Specific actions may include: extinguishing fires, forcible entry, providing first aid, identifying and analyzing hazardous materials, and transporting the injured. The action may involve simply standing by at an incident for possible service. Be as specific as possible in stating the actions taken.

The codes used for Action Taken are the same codes used for Action Taken (Section F) in the Basic Module. Please see the codes listed for that data element either in the Quick Reference Guide.

Summary SUMMARY

The Apparatus/Resources Module is used as a local option to identify the apparatus and personnel sent to an incident. If this module is used, it is not necessary to use the Personnel Module.

On the paper form, lines are available to document nine pieces of apparatus and additional sheets can be used. This will document all apparatus that were used to control the incident, alarms, and district.

EXAMPLE: VEHICLE CRASH

Directions: Read the call information in the example below. Then look at the completed Apparatus or Resources Module Form. Look at each section and follow along with the proper use of the information as applicable to the Apparatus or Resources Module.

Engine 231 (three firefighters and one Captain), Rescue Unit 345 (two firefighters and one Lieutenant) and an EMT-Basic Unit 114 (two EMTs) from Department FDID #TR131 are dispatched to 4125 N Vine Avenue, Taylor, WI 12345 at 1215 hour on April 21, 2000 to an auto wreck - incident #9800789. All units arrive on the scene at 1218 hours.

Engine 231 checks the wrecked vehicle for possible hazards and provides assistance with the extrication and patient loading. The crew also controls traffic.

The male driver is trapped between the steering wheel and seat and must be extricated. Rescue Unit 345 performs the extrication.

The driver is alert and complains of neck pain. It is obvious that he also suffers from a broken arm. He states that no other vehicles were involved and he is traveling alone

Unit 114 applies a "C" collar to the patient's neck. The crew also splints his broken arm once he is removed from the vehicle. He is transported to the nearest emergency care facility by the fire department BLS Unit at 1235.

Engine 231 and Rescue 345 cleared the incident at 1245 hours. BLS 114 cleared the incident and was available for service at 1330.

A	$\begin{array}{c c} T_1R_11_13_11 & W_1 \\ \hline \text{FDID} & & \text{State} \end{array}$	MM I 0 ₁ 4 L Incident Da	$\begin{array}{c c} \text{DD} & \text{YYYY} \\ 2 \downarrow 1 & 2 \mid 0 \mid 0 \mid 2 \end{array}$ ate	Station In	9 8 0 cident Nur	_0_7_8_9 mber ★	□ De 0 0 0 □ Ch Exposure ☆	A noncreture or
В	Apparatus or 🛱 Resource	ي ر	Dates and Times Check if same date as Month Day Year	alarm Hours/Mins	Sent	Number of ☆ People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken
1	ID	Dispatch KArrival KA		1112 451	X	0 0 3	Suppression EMS Other	7 ₁ 7 7 ₁₈
2	ID [R 3 4 5] Type [7 1]	Dispatch K Arrival K Clear K		$\begin{array}{c c} & 1_{1}2_{1}1_{1}5 \\ & 1_{1}2_{1}1_{1}8 \\ & 1_{1}2_{1}4_{1}5 \end{array}$	X	[0,0,3]	Suppression EMS Other	
3	ID11_14	Dispatch K Arrival K Clear K		$\begin{array}{c c} & 1_{1}2_{1}1_{1}5 \\ & 1_{1}2_{1}1_{1}8 \\ & 1_{1}3_{1}3_{1}0 \end{array}$	X	0 0 2	Suppression EMS Other	3 1 3 2 3 4
4	ID L	Dispatch					Suppression EMS Other	
5	ID	Dispatch Arrival Clear					Suppression EMS Other	
6	ID	Dispatch					Suppression EMS Other	
7	ID	Dispatch					Suppression EMS Other	
8	ID	Dispatch					Suppression EMS Other	
9	ID	Dispatch Arrival Clear					Suppression EMS Other	
T	ype of Apparatus or R	esource	Aircraft			Medical & Res	cue	
G 1 1 1	round Fire Suppression 1 Engine 2 Truck or aerial 3 Quint 4 Tanker & pumper coml 6 Brush truck 7 ARF (Aircraft Rescue a	bination	41 Aircraft: fixed value 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment	-		73 High angle 75 BLS unit 76 ALS unit	rch & rescue unit	More apparatus? Use additional sheets.
H- 2 2 2	7 ART (Aircraft Rescue a 0 Ground fire suppression eavy Ground Equipment 11 Dozer or plow 12 Tractor 14 Tanker or tender 15 Heavy equipment, other	on, other	51 Fire boat with p 52 Boat, no pump 50 Marine apparat Support Equipmer 61 Breathing apparated Equipmer 62 Light and air u 60 Support apparated	tus, other nt aratus support nit	•		er car it id crew	NN None UU Undetermined NFIRS-9 Revision 11/17/98

EXERCISE SCENARIO 9-1: STRUCTURAL FIRE

Directions: Read the call information in the exercise below. Use the information provided to complete the Apparatus or Resources Module form. Compare your work to the answers provided on the subsequent completed Apparatus or Resources Module form. If your answers are different from the ones provided, read over the Apparatus or Resources Module again.

Engine 422 (three firefighters and one Captain), Engine 425 (two firefighters and one Lieutenant), Truck 42 (three firefighters and one Captain), and D/C 1 respond to a structure fire at 1326 Market Street.

Engine 422 arrives on location at 0241 hours and advances one 1 3/4" hose line to the first floor and attacks the fire. The crew also searches for victims.

D/C Depew arrives at 0242 and establishes command.

The truck company upon their arrival at 0243 splits into two crews. One crew performs search and rescue and the other, ventilation. After the fire is knocked down, the company performs salvage and overhaul.

Engine 425 - 0244 arrival - takes a hydrant and supplies Engine 422. They then advance a back-up line to the second floor and extinguish the fire that extended to the bedroom.

Engine 422 cleared the scene at 0300 and was available for duty at 0325. Truck 42 was cleared at 0320 and available at 0345. D/C Depew cleared at 0325 and was available at 0326. Engine 425 cleared the scene at 0350 and was available at 0410.

A	FDID State	MM ⊥ Incide	DD YYYY ent Date	Station I	I I ncident N	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	☐De ☐Ch Exposure ☆	
В	Apparatus or 💢 Resource Use codes listed below		Dates and Times Check if same date as Month Day Year	alarm Hours/	Sent	Number of ☆ People	Use \$\frac{\frac{1}{2}}{\text{Check ONE box for each apparatus to indicate its main use at the}\$	Actions Taken
1	ID LILL	Dispatch Arrival Clear					Suppression EMS Other	
2	ID	Dispatch Arrival Clear					Suppression EMS Other	
3	ID LILI	Dispatch Arrival Clear					Suppression EMS Other	
4	ID	Dispatch Arrival Clear					Suppression EMS Other	
5	ID	Dispatch Arrival Clear					Suppression EMS Other	
6	ID	Dispatch Arrival Clear					Suppression EMS Other	
7	ID	Dispatch Arrival Clear					Suppression EMS Other	
8	ID L	Dispatch Arrival Clear					Suppression EMS Other	
9	ID L	Dispatch Arrival Clear					Suppression EMS Other	
	una of Annaratus or B	os ourco				Medical & Res	CHA	
Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting)		41 Aircraft: fixed w 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment	43 Helicopter 40 Aircraft, other		71 Rescue ur 72 Urban sea 73 High angle 75 BLS unit 76 ALS unit	it rch & rescue unit	More apparatus? Use additional sheets.	
10 He 21 22 23	D Ground fire suppression avy Ground Equipment Dozer or plow Tractor Tanker or tender Heavy equipment, other	on, other	51 Fire boat with post post post post post post post post	es, other ratus support	92 Chief officer car UU Und 93 HazMat unit 94 Type 1 hand crew rt 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource		NN None UU Undetermined NFIRS-9 Revision	

A	$ \begin{array}{c c} T_{1}R_{1}1_{1}0_{1}0 & W_{1} \\ \hline \text{FDID} & & \text{State} \end{array} $		DD YYYY 2 ₁ 1 [2 0 0 2]	[0_0_6] [0] Station In) 6 7 cident Nur	10 10 12 13 mber 2 13	☐ De Lolo O O O Cr Exposure ☆	
В	Apparatus or ☆ Resource	[Dates and Times ☐ Check if same date as	alarm	Sent	Number of ☆	Use Check ONE box for each apparatus to indicate its	Actions Taken
	Jse codes listed below		Month Day Year	Hours/Mins	Х	People	main use at the incident.	
1	ID $\begin{bmatrix} E_1 & 4_1 & 2_1 \end{bmatrix}$ Type $\begin{bmatrix} 1 & 1 \end{bmatrix}$	Dispatch ☒ L Arrival ☒ L Clear ☒ L		$ \begin{array}{c c} & 0_1 2_1 3_1 9 \\ & 0_1 2_1 4_1 1 \\ & 0_1 3_1 0_1 0 \end{array} $	X	$0_1 0_1 4$	∑ Suppression☐ EMS☐ Other	
2	ID	Dispatch ☑ L			X	[0,0,1]	Suppression EMS Other	8 1
	Type [9 2]	Clear 🛛 🗆		110,3,2,5			K Other	
3	ID	Dispatch ☑ L Arrival ☑ L Clear ☑ L		$ \begin{array}{c c} & 0_1 2_1 3_1 9 \\ & 0_1 2_1 4_1 3 \\ & 0_1 3_1 2_1 0 \end{array} $	X	[0,0,4]	Suppression EMS Other	$ \begin{bmatrix} 2 & 1 & 5 & 1 \\ 1 & 2 & 1 \end{bmatrix} $
4	ID [E 4 2 5] Type [1 1]	Dispatch ☑ L Arrival ☑ L Clear ☑ L		0 ₁ 2 ₁ 3 ₁ 9 0 ₁ 2 ₁ 4 ₁ 4 0 ₁ 3 ₁ 5 ₁ 0	X	0_0_3	Suppression EMS Other	7 ₁ 6 1 ₁ 1
5	ID L	Dispatch ☐ L Arrival ☐ L Clear ☐ L					Suppression EMS Other	
6	ID L	Dispatch □ L Arrival □ L Clear □ L					Suppression EMS Other	
7	ID L	Dispatch L Arrival L Clear L					Suppression EMS Other	
8	ID	Dispatch LArrival LClear L					Suppression EMS Other	
9	ID	Dispatch LArrival LClear L					Suppression EMS Other	
	pe of Apparatus or R	OS OTINGO				Medical & Res	CIIA	
G 1 1 1 1	round Fire Suppression 1 Engine 2 Truck or aerial 3 Quint 4 Tanker & pumper coml 6 Brush truck	bination	Aircraft 41 Aircraft: fixed v 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment	·	·	71 Rescue un 72 Urban sea 73 High angle 75 BLS unit 76 ALS unit	it rch & rescue unit	More apparatus? Use additional sheets.
H-022222	7 ARF (Aircraft Rescue a 0 Ground fire suppression eavy Ground Equipment 1 Dozer or plow 2 Tractor 4 Tanker or tender 0 Heavy equipment, other	on, other	51 Fire boat with p 52 Boat, no pump 50 Marine apparat Support Equipmer 61 Breathing appa 62 Light and air u 60 Support appara	tus, other nt aratus support nit			er car it id crew	NN None UU Undetermined NFIRS-9 Revision 11/17/98

EXERCISE SCENARIO 9-2: VEHICLE FIRE ON I-95

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Apparatus or Resources Module form and other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Apparatus or Resources Module again.

The Alberta Fire Department (FDID 92188) responded to a vehicle fire on I-95 near mile marker 73 and Exit 2B in Brunswick, Virginia 23351 on May 3. The dispatcher assigned the incident (#5455) to Engine Co. 2 from Shift C. The unit received the alarm at 11:58 p.m. and arrived at the scene in six minutes with a four-person engine crew and a twoperson truck crew. Flame and smoke was coming from the vehicle. The owner of the vehicle, Mr. Robert L. Anderson, was driving to Emporia, Virginia to return his son, Joseph, to his mother. Mr. Anderson lives at 1630 Second Avenue, Jarrett, North Carolina 24501. His telephone number is 414-432-0987. He said that his front seat caught on fire. In an effort to extinguish the fire, the car crashed into the guardrail. He called 911 from his cellular telephone. He said that he was driving for two hours and became drowsy from a prescription drug that he took. The vehicle was a 1999 Ford Explorer, Virginia License Plate Number ACZ586, and VIN 1FBEU54X3ABC45634. The firefighters extinguished the fire; it was under controlled at 12:10 a.m. They determined that a burning cigarette caused the fire. The cigarette ignited the seat causing \$26,000 property damage and no content loss to the vehicle. The last unit cleared the scene at 12:35 a.m. FF1 Steve B. LaCivita, Badge No. 230, completed the report after returning to Station No. 1. Captain Ernest Greene, Badge No. 100, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.2, District A05. The Virginia Department of Transportation, 23 Washington Street NE, Richmond, VA 23219, manages Virginia highways.

Mr. Anderson, 49-year old, black male, was bleeding from the head. He cut his head when his car hit the guardrail. He was not wearing a safety belt and the airbag in the vehicle did not inflate. Firefighter Steve Cooke, EMT-Basic, approached Officer Morrison at 12:06 a.m. Firefighter Cooke stopped the bleeding. No other treatment was needed. Mr. Anderson overall change in status improved. He was release to the on-scene towing service provider, Ace Towing, at 12:25 a.m. The towing service provider gave Mr. Anderson a ride from the incident

An engine (ID E0100) was dispatched to the scene at 12:53 p.m. and arrived at the incident at 1:05 p.m. The crew assigned to the apparatus was used to extinguish the fire and to remove smoke from the residence. The unit cleared the incident at 2:40 p.m.

A pumper/tanker (ID E0015) was dispatched to the scene at 12:53 p.m. and arrived at the incident at 1:05 p.m. The crew assigned to the apparatus was used to extinguish the fire and to perform salvage and overhaul duties. The unit cleared the incident at 2:30 p.m.

A truck (ID E0011) was dispatched to the scene at 12:53 p.m. and arrived at the incident at 1:07 p.m. The crew on the apparatus was used to provide basic life support duties, and to investigate the incident. The unit cleared the incident at 2:40 p.m.

A MM DD FDID State W Incident Date	YYYY
Street address Number/Milepost Pr Number/Milepo	State Zip Code Jons, as applicable
Incident Type Incident Type Aid Given or Received Mutual aid received Mutual aid given Automatic aid given Automatic aid given N None Incident Type Their FDID Their FDID Their State Their Incident Numbe	Controlled Special Spe
F Actions Taken Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	G1 Resources G2 Estimated Dollar Losses & Values Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression
Completed Modules Fire-2 Structure-3 Civilian Fire Cas4 Fire Serv. Casualty-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11 H1 ☆ Casualties Deaths Fire Service Civilian H2 Detector Required for confine Detector alerted Unknown	Injuries Natural gas: slow leak, no evacuation or HazMat actions 10
J Property Use	341

K1 Person/En	tity Involved						
Local Option	Business name (if applicable) Area Code Phone Number						
Check this box if same address as incident location. Then skip the three duplicate address lines. More people in	Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Street Type Suffix Light Street Type Suffix City State Zip Code revolved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.						
	Same as person involved?						
Local Option Check this box if same address as incident location. Then skip the three duplicate address lines.	Then check this box and skip the rest of this section. Business name (if applicable) Area Code Phone Number Mr., Ms., Mrs. First Name MI Last Name Suffix Number Prefix Street or Highway Street Type Suffix Post Office Box Apt./Suite/Room City						
Remarks Local Option							
ITEM	Buildings 111 Complete Fire & Structure Special structure 112 Complete Fire Mod. & the I block on Structure Module Comflete Fire Module Complete Fire Module Complete Fire Module Vehicle 130-138 Complete Fire Module Vehicle 130-138 Complete Fire Module Vegetation 140-143 Complete Fire Wildland Outside rubbish fire 150-155 Complete Basic Module Special outside fire 160-164 Complete Fire Module Crop fire 170-173 Complete Fire Module						
More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.							
M Authorizat	tion						
	n charge ID Signature Position or rank Assignment Month Day Year r making Signature Position or rank Assignment Month Day Year						

	Complete this side for all fires				NEIDO O
A	FDID State MIncident Date	YYYY 	Station Incident Number	£xposui	□Delete NFIRS - 2 Fire □Change
B B ₁	Property Details L		On-Site Materials or Products Enter up to three codes. Check one entered.	None e box for each code	Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, whether or not they became involved
	units in building of origin whether or not all units became involved	roheod	On-site material (1)		Bulk storage or warehousing Processing or manufacturing Packaged goods for sale Repair or service
B ₂	Number of buildings involved	olveu	On-site material (2)		Bulk storage or warehousing Processing or manufacturing Packaged goods for sale Repair or service
Вз	Acres burned (outside fires) None Less than one ac	cre	On-site material (3)		1 Bulk storage or warehousing 2 Processing or manufacturing 3 Packaged goods for sale 4 Repair or service
D	Ignition		Cause of Ignition 🏠 Check box if this is an exposure repo	ort. Skip to Section G	E ₃ Human Factors Contributing To Ignition
D ₁	Area of fire origin	2 🗖 U	ntentional Inintentional ailure of equipment or heat	source	Check all applicable boxes None 1 Asleep 2 Possibly impaired by
D ₂	Heat source T	4	act of nature Cause under investigation Cause undetermined after in		alcohol or drugs 3
Dз	Item first ignited 1 Check box if fire spread was confined to object of origin	E ₂ F	actors Contributing To Igni	tion None	5 Physically disabled 6 Multiple persons involved 7 Age was a factor
D4	Type of material first ignited Required only if item first ignited code is 00 or <70		contributing to ignition (1) Contributing to ignition (2)		Estimated age of person involved 1 Male 2 Female
F ₁	Equipment Involved In Ignition	F ₂	Equipment Power Source	G Fire Sup	pression Factors
ļ	■None			_	three codes.
L Equi		<u> </u>	ent Power Source Equipment Portability	Fire suppression fa	ictor (1)
Bran Mode		F ₃	Portable	Fire suppression fa	actor (2)
Seria		Portab	Stationary ble equipment normally can be moved by		· · · · · · · · · · · · · · · · · · ·
Year	· [one pe locatio	erson, is designed to be used in multiple ons, and requires no tools to install.	Fire suppression fa	actor (3)
	Mobile Property Involved		obile Property Type & Make	Loca	I Use
H₁	None	1 2	oblie Froperty Type & Make	Loca	☐ Pre-Fire Plan Available
	Not involved in ignition, but burned Involved in ignition, but did not burn	Mobile pr	roperty type		ne of the information presented in this report be based upon reports from other agencies:
l³ E	Involved in ignition and burned	Mobile pr	roperty make		Arson report attached Police report attached
Mob	ile property model		Year		Coroner report attached Other reports attached
Lice	nse Plate Number State VIN	 Number			
	Structure fire? Please be sure to complete the other s	side of this	form.		NFIRS-2 Revision 01/19/99

Α		M DD YYYY L L L L L L L L L L L L L L L L L	Incident Number & Exposure	Delete Delete EMS
B Use D	Number of Patients Patie a separate form for each patient Provider Impression/Assession	<u> </u>	Time Arrived at Patient Month Time of Patient Transfer	Day Year Hour/Mins
10 11 12 13 14 15 16	☐ Abdominal pain ☐ Airway obstruction	18	27	Sexual assault Signature Sexual assault Signature Sting/bite Signature Stroke/CVA Syncope Signature Syncope Signa
E1 Age Mont E2	Age or Date of Birth Months (for infants) OR Day Year Gender Male 2 Female	F1 Race 1 White 2 Black 3 Am. Indian/Eskimo 4 Asian 0 Other, multi-racial U Undetermined F2 Ethnicity 1 Hispanic	G1 Human Factors Check all applicable boxes 1 Asleep 2 Unconscious 3 Possibly impaired by alcold 4 Possibly impaired by drug 5 Possibly mentally disabled 6 Physically disabled 7 Physically restrained 8 Unattended person N None	s
H 1	Body Site of Injury List up to five body sites L L L L L L L L L L L L L L L L L L		y Type e injury type for each body site listed under H1 L _	H3 Cause of Illness/Injury Cause of illness/injury
02 [03 [04 [05 [07 [08 [09 [11 [12 [Airway insertion Anti-shock trousers Assist ventilation Bleeding control Burn care	All applicable boxes	4 Helmet 5 Protective clothing 6 Flotation device N None	Cardiac Arrest Check all applicable boxes 1 Pre-arrival arrest? If pre-arrival arrest, was it? 1 Witnessed 2 Bystander CPR 2 Post-arrival arrest? Initial Arrest Rhythm 1 V-Fib/ V-Tach 0 Other U Undetermined
L1 1 2 3 4 0 N	Initial Level of Provider First Responder EMT-B (Basic) EMT-I (Intermediate) EMT-P (Paramedic) Other provider No Training	L2 Highest Level of Provider On Scene 1 First Responder 2 EMT-B (Basic) 3 EMT-I (Intermediate) 4 EMT-P (Paramedic) 0 Other provider N No care provided	Patient Status N Dis	FD transport to ECF Non-FD transport Non-FD trans/FD attend Non-emergency transfer Other Not transported NFIRS-6 Revision

A	FDID State	MM L Incide		l l ncident Nu	ımber 🏡	□De □Ct Exposure ☆	Apparatus or Resources
В	Apparatus or A Resource Use codes listed below		Dates and Times Check if same date as alarm Month Day Year Hours/Mins	Sent	Number of ☆ People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken
1	ID L	Dispatch Arrival Clear				Suppression EMS Other	
2	ID LILI	Dispatch Arrival Clear				Suppression EMS Other	
3	ID	Dispatch Arrival Clear			L	Suppression EMS Other	
4	ID	Dispatch Arrival Clear				Suppression EMS Other	
5	ID LILI	Dispatch Arrival Clear				Suppression EMS Other	
6	ID L	Dispatch Arrival Clear				Suppression EMS Other	
7	ID LILI	Dispatch Arrival Clear				Suppression EMS Other	
8	ID	Dispatch Arrival Clear				Suppression EMS Other	
9	ID L	Dispatch Arrival Clear			لبيا	Suppression EMS Other	
	/pe of Apparatus or R	esource	Alaras 0		Medical & Res	cue	
Gi 1 1 1 1	round Fire Suppression 1 Engine 2 Truck or aerial 3 Quint 4 Tanker & pumper com 6 Brush truck 7 ARF (Aircraft Rescue a	bination	Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment		71 Rescue ur 72 Urban sea 73 High angle 75 BLS unit 76 ALS unit	nit rch & rescue unit	More apparatus? Use additional sheets.
1 He 2 2 2	7 ART (Aircrait Rescue a 0 Ground fire suppression eavy Ground Equipment 1 Dozer or plow 2 Tractor 4 Tanker or tender 0 Heavy equipment, other	on, other	51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other			er car it id crew	NN None UU Undetermined NFIRS-9 Revision 11/17/98

Apparatus or Resources Module Test

- 1. Which time is not recorded on the Apparatus or Resources Module?
 - (a) Dispatch Time
 - (b) Arrival Time
 - (c) Time Spent at Scene
 - (d) Clear Time
- 2. On the Apparatus or Resources Module, Rescue Unit and Breathing Apparatus Support are examples of which data element?
 - (a) Resource ID
 - (b) Actions Taken
 - (c) Apparatus Type
 - (d) Resource Use
- 3. Which answer is not an example of main use of apparatus?
 - (a) Suppression
 - (b) EMS
 - (c) Other
 - (d) Public Service
- 4. On the Apparatus or Resource Module, provide water and provide basic life support are examples of which data element?
 - (a) Resource ID
 - (b) Actions Taken
 - (c) Apparatus Type
 - (d) Resource Use
- 5. Which statement is true?
 - (a) The Apparatus or Resource Module is a required module for fire incidents.
 - (b) The Apparatus or Resource Module is not use for non-fire department resources.
 - (c) The Apparatus or Resource Module can be use with the Personnel Module.
 - (d) The Apparatus or Resource Module was not design for paper reporting departments.